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PREVALENCE AND PREDICTORS OF PREMATURE DISCONTINUATION OF CLOPIDOGREL AFTER DRUG-ELUTING STENT IMPLANTATION IN A NORTH AMERICAN POPULATION

i2 Poster Contributions

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Authors: *Ana Laynez Carnicero, Michael A. Gaglia, Kohei Wakabayashi, Rafael Romaguera, Gabriel Maluenda, Gabriel Sardi, Itsik Ben-Dor, Manuel A. Gonzalez, Michael Mahmoudi, Rebecca Torguson, Zhenyi Xue, William O. Suddath, Lowell F. Satler, Kenneth M. Kent, Joseph Lindsay, Augusto D. Pichard, Ron Waksman, Washington Hospital Center, Washington, DC*

Background: Early discontinuation of clopidogrel after drug-eluting stent (DES) is associated with an increased risk of early adverse cardiovascular events. Prevalence and predictors of premature discontinuation are poorly known.

Methods: We collected demographic and baseline data for patients who underwent DES implantation and followed up with them at 1 year. We divided the population into 2 groups whether they discontinued clopidogrel or not, and compared them.

Results: Among 5040 patients discharged on dual antiplatelet therapy (DAPT), 898 (17.8%) stopped clopidogrel prematurely. Those who stopped were older (66.3 ± 11.96 vs. 64.1 ± 11.5 , $p < 0.001$), weighed less (85.9 ± 19.5 vs. 88.5 ± 20.2 , $p < 0.001$), had chronic renal insufficiency (CRI) (14.3% vs. 9.9%, $p < 0.001$), and were on Coumadin (10.4% vs. 5.5%, $p < 0.001$). After adjustment, CRI and saphenous vein graft (SVG) percutaneous revascularization were associated with higher discontinuation (OR: 1.38, [1.041-1.829], $p = 0.0252$) and (OR: 0.553, [0.348-0.879], $p = 0.0123$), respectively. Uninsured patients and the Medicare population discontinued more often than those with private insurances (OR: 1.976, [0.944-4.137], $p < 0.001$) and (OR: 1.531, [1.256-1.867], $p = 0.07$).

Conclusions: Our results show that in a North American population, CRI, percutaneous revascularization of a SVG and non private insurance are the strongest correlates to early discontinuation of DAPT following DES implantation.

Multivariate analysis: variables associated with Clopidogrel discontinuation			
	OR	95% CI	P value
Medicaid vs. Private	0.923	0.0505-1.688	0.7952
Medicare vs. Private	1.531	1.256-1.867	<0.001
Uninsured vs. Private	1.976	0.944-4.137	0.0707
CRI	1.380	1.041-1.829	0.0252
African American	1.08	0.858-1.359	0.5133
Male	0.973	0.792-1.195	0.7907
SVG	0.553	0.348-0.879	0.0123